

MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL

Policy Subject: Medication Administration	Supersedes Policy dated: 09/96
Policy Number: MNP 13	Standards/Statutes: ARM 37.27.130
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PURPOSE: To ensure appropriate standards of care are followed in the management and administration of medications to the patients.

POLICY: The nursing staff will follow nursing standards of care in the management and administration of medications.

PROCEDURE:

1. MCDC has a contract with McKesson MedManagement Pharmacy to supply all medications, as needed. MCDC and MedManagement will operate in compliance with the specifications of ordering and supplying medications as directed in the current contract.
2. Only RN's, LPN's, and MD's that are currently employed by MCDC and have a current Montana license may administer medication at MCDC.
3. Any medical/nursing staff that administers medication must have a complete understanding of the basic guidelines and standards for preparing and administering medication, including the "five rights."
4. At the time of admission, the admitting nurse explains MCDC's general medication management policies and procedures to the patient. At the time of the physician's physical, the physician goes over any medications ordered for the patient, including the rationale for continuing and/or discontinuing a certain medication, possible adverse effects, and drug interactions, as necessary. The patient is given an opportunity at the time of admission and throughout the patient's stay to ask questions and be involved in his/her medication management.
5. A medication can be given to a patient only if a physician for that patient specifically orders it. All orders for medications must be written on the Physician's Order Sheet in the patient's chart, or the medication may be listed on the routine orders that have been initiated and placed in the patient's chart.
6. Physician orders for medications include direct hand-written orders, verbal orders from the

physician on call, and the routine orders, which have been pre-approved by MCDC's medical Administrator. The routine orders are reviewed and revised as necessary (a minimum of once a year).

7. In transcribing the physician's order from the chart onto the Medication Administration Record, the charge nurse will sign their name, the date, and the time directly below the order indicating the order was received. The charge nurse will then transcribe the order on to the patient's MAR and send a copy of the medication order to MedManagement.
8. Verbal orders from the physician can be received and written onto the Physician Order Sheet in the patient's chart by the charge nurse. After writing the order, the charge nurse must write the name of the physician giving the order, followed by the charge nurse's name, date, and the time of receiving the verbal order. The order is then "taken off" as described above.
9. When the doctor on call at MCDC orders a new medication, the charge nurse is responsible to complete medication teaching with the patient regarding the newly ordered medication before the medication is initiated. This teaching includes information regarding the indication for the medication and potential side effects. Along with this teaching, the patient is also given a Patient Information Leaflet on the specific medication.
10. MedManagement conducts a monthly audit of all medications in the pharmacy at MCDC with follow-up documentation of the audit. During this monthly audit, MedManagement is responsible for checking expiration dates in the night locker. MedManagement has the right to conduct an audit of the MCDC stock medication at any time, with or without warning.
11. Typically medication brought in by a patient cannot be used. Under infrequent and unusual conditions the medication may be used. If the pharmacy can not get or does not have the medication readily available, and the pharmacy has given MCDC nursing staff permission to use the patient's medication, the nursing staff may use this prescription under certain conditions:
 - a. The physician is made aware the patient has brought a prescription of that medication from home, and the physician approves the use of the prescription medication.
 - b. The prescription bottle is accurately labeled, and the bottle is recently dated.
Requirements for a properly labeled prescription bottle include:
 - i. Patient name.
 - ii. Name and strength of drug dispensed.
 - iii. Directions for dispensing.
 - iv. The date the drug was dispensed.
 - v. Amount of drug dispensed.
 - vi. Expiration date.
 - vii. Initials of pharmacist that dispensed medication.
 - viii. The name of the facility from which the drug was dispensed.
 - c. If the patient goes by more than one last name, the patient must present some form of documentation that the name on the prescription bottle corresponds to the patient, such as

an insurance card, driver's license, etc. If the prescription was dispensed for someone other than the patient, the prescription cannot be dispensed to the patient.

- d. If the physician orders a medication and the patient has brought the prescription with them, but the dosing that the physician orders is different than what the prescription bottles reads, the medication can be used, but the nurse must mark the prescription bottle: "Dosing on bottle incorrect: refer to the MAR."
 - e. The prescription bottle must contain only the medication that is stated on the label. If the prescription bottle contains more than one kind of pill in the same bottle, the medication cannot be used.
 - f. The nursing staff must be sure that what is in the bottle corresponds with what the label indicates. If there is any question that the medication in the bottle may not be what the label indicates, the nurses have access to a current Drug Identification Book. If there is still any question as to the identification of the medication, it should not be used until there is proper verification of the medication from MedManagement.
 - g. Samples of prescription medications cannot be administered at MCDC by the nursing staff during the patient's stay. MCDC does have a locked cabinet in which a very limited number of sample medications are stored. The physician can dispense these medications at the time of the patient's discharge. Samples given to a patient are labeled with the physician's instructions for use and the label is signed by the physician. As with any discharge medication, the medication is not given to the patient until he/she is actually leaving the facility.
12. If the patient's pharmacy mails in a filled prescription to MCDC and the medication has been ordered by the physician at MCDC, the medication may administered by the nursing staff as long as the prescription meets all the criteria as listed in section 11. For tracking purposes, when medications are mailed to the MCDC, the nurse who receives the medication should register the medication on the Medication Form located in the main Medication Room.
 13. The stock supply of controlled substances is kept in locked storage at all times. These medications are locked in a medication cart and this cart is in the locked medication room located on second floor. There are two medication key rings. There is a key for this locked cabinet on each medication ring. Only the nurse(s) on each shift possess the key for this locked cabinet. At the change of each shift, the possession of the keys to the locked cabinet are transferred to the on-coming nurse(s). Two nurses at each shift change count the controlled medications. Documentation of an accurate count or deficiency must be made at the time of the count in the Controlled Substance Log. If there is a deficiency and it cannot be resolved, a medication incident report must be made out. The nursing supervisor and MedManagement must be notified of the deficiency within 24 hours for a possible investigation. A nursing supervisor reviews the Controlled Substance Inventory Sheet on a weekly basis to ensure the controlled substance count is being completed according to policy.
 14. There are three medication rooms at MCDC, two on 2nd floor and one on 3rd floor. Only nurses,

physicians, and MedManagement staff are allowed in the medication rooms. The medication rooms are locked at all times except when in use and only licensed nurses on shift possess a key to these rooms.

15. There is a medication refrigerator in the main medication room located on 2nd floor. The only items stored in this refrigerator are medications that require refrigeration, plus orange juice and lemon-lime soda for hypoglycemic episodes. There is a locked drawer in the refrigerator for controlled substances that require refrigeration. This drawer is locked at all times except when in use. The charge nurse on duty is the only one that has a key to this drawer. The night shift charge nurse monitors the temperature of this refrigerator on a daily basis.
16. Patients are not allowed to keep any medication at their bedside unless the physician specifically writes an order stating the medication may be kept at bedside.
17. Any medication that is brought in from home by a patient and is not going to be dispensed to the patient at MCDC is placed in locked storage. The nurse that places the medication in locked storage should enter this information on the home medication sheet. The locked medication storage is in the medication room and there is a key to this storage unit on each of the two nurses' medication key rings.
18. The medication carts are stored in a locked medication room on each patient floor. The carts are locked at all times except when in use. When the cart is unlocked, it is under direct supervision of licensed nursing personnel.
19. In setting up and administering medication, the medication nurse observes infection control measures by avoiding direct hand/pill contact by either wearing gloves or by dispensing medication directly into a medicine cup. Medication is set up at the time of administration. Medication can be pre-set only if:
 - a. it is shortly before the time of administration of the medication,
 - b. the medication is in individually dosed packaging,
 - c. the medication is secured in the patient's medication drawer in the locked medication cart, and the cart is secured in a locked medication room.
20. If there is a drug interaction or potential drug interaction to a medication, the physician on call is notified immediately. The interaction will be treated in accordance to the physician's orders.
21. If there is a medication error, the nurse(s) involved with the medication error will complete a Medication Error Incident Report. The nursing supervisor receives all Medication Error Incident Reports. The supervisor investigates the circumstances related to the medication error and follows up with immediate corrective action, as necessary. If the error involves adverse effects to the patient, the medical Administrator and the facility Administrator are notified immediately by the nursing supervisor. As necessary, the medical Administrator will examine the patient to assess and treat any adverse effects. In an effort to decrease the number of medication errors, the Pharmacy and Therapeutics Committee looks for any trends in errors and as necessary, makes recommendations for corrective action. The Pharmacy and Therapeutics Committee meets quarterly. It consists of the head pharmacist from MedManagement, the medical Administrator,

Administrator of nursing, and one or two direct care nurses.

22. Medications that are prescribed to a patient cannot be sent out of the facility with the patient unless the medication is in a properly labeled prescription. As appropriate and when available, the patient may be sent home with sample medication. The sample medication must be labeled with instructions for use and signed by the physician. The amount of sample medication sent home with the patient is determined by the physician.
23. The poison control number is posted on the telephones at the nurse's stations and medication areas.

USE OF THE NIGHT LOCKER: In the main medication room on second floor is the night locker. The night locker contains a "starter" supply of many of MCDC's frequently ordered medications. These medications have been dispensed by one of the registered pharmacists at MedManagement, usually a unit-dosed bag of ten.

1. MedManagement delivers ordered medication to MCDC Monday through Friday. For a medication to be delivered on the day it was ordered, the medication order needs to be faxed by 1500. If the physician orders a medication after 1500, orders a medication on a day that MedManagement is closed, or orders a medication that has to be started immediately, and that medication is located in the night locker, the nurse will pull the "starter" supply of the ordered medication from the night locker.
2. The nurse will remove the charge slip from the night locker medication and fax it, along with the doctor's written order, to MedManagement. After faxing, the charge slip is then attached to the yellow copy of the doctor's written order or to a pharmacy charge slip. The yellow copy of the doctor's order or the charge slip is placed in the MedManagement red box located in the main medication room. MedManagement picks up the red box on a daily basis, Monday through Friday. The red box contains all new orders, any other written communication that needs to be sent to MedManagement and any medication that needs to be returned to MedManagement.
3. The bag of "starter" medication is labeled with the patient's name and placed in the patient's individual medication drawer.
4. When the pharmacy receives the order, the pharmacist completes the prescription with the number of pills or capsules as ordered minus the amount pulled from the night locker. When this prescription arrives, it is also placed in the patient's individual medication drawer.
5. The nurse administers the medication pulled from the night locker first before administering medication from the prescription sent from the pharmacy. Since the bagged "starter" bag does not have instructions for administration on it from a pharmacist, the nurse will follow the instructions for administration as listed on the Medication Administration Record.

6. There is a formulary of all medications located in the night locker. This list is in the main medication room. MedManagement's head pharmacist, the medical Administrator and the Administrator of nursing review this formulary on annual basis and more frequently, as necessary.
7. The night locker is kept locked at all times, unless in use. Only the nurses have a key to the night locker.

PROCEDURE FOR THE PROPER USE OF MEDICATION ADMINISTRATION RECORDS:

1. Every patient has a Medication Administration Record (MAR) initiated at the time of admission. A current picture is placed with each patient's MAR for proper patient identification.
2. All medications that are administered must be accurately and thoroughly documented on the appropriate patient's MAR. Any licensed person that makes an entry on the MAR must sign their complete signature on the back of the MAR. Typically only black ink, never pencil, is used for documentation. Red ink may be used when necessary to draw attention to something important.
3. At the time of admission, the nurse asks the patient about allergies. The patient's allergies are documented on the nursing assessment form, on the Physician's Order Sheet, on the front of the patient's chart, and on the MAR. This information is also provided to MedManagement. It is the responsibility of any licensed personnel administering medication to check the patient's allergies prior to giving any medication.
4. All medication ordered for the patient must be entered onto the patient's MAR. The nurse that signs the doctor's order off is responsible to make sure the medication is properly entered onto the MAR. The nurse that enters the medication onto the MAR must date and initial the entry.
5. If a scheduled medication is not given for any reason, the nurse should initial the appropriate box on the MAR, circle his/her initials, and make a notation on the back of the MAR as to the exact reason the medication was not given. When a patient refuses a medication, the physician should be notified.
6. When a PRN medication is administered, the nurse should initial the appropriate box next to the PRN medication that correlated to the date of administration of the PRN medication. On the back of the MAR, the nurse must document the date, time, indication for the PRN medication, and sign their initials.
7. If an injectable medication is given, the nurse administering the medication must not only initial the appropriate box that indicates the date and time of administration, but must also document the site of injection by using the injection site code box provided on the MAR.
8. If a medication is discontinued, the nurse must highlight the medication up to the date it was discontinued, then document "dc'd" along with the date, time, and nurse's signature.

9. If the times of administration for an ordered medication are changed for any reason, the medication must be rewritten in a new location on the MAR; the new times cannot be written over the top of the old times.
10. Any notation made by the licensed personnel on the MAR next to an ordered medication, i.e. "At pt's bedside," must be signed and dated by the person making the notation.

PROCEDURE FOR MEDICATION ADMINISTRATION FOR MCDC PATIENTS:

1. The nursing assessment and medication management of the patients on the detox unit are responsibility of the charge nurse.
2. Medications for the patients on the detox unit are stored in the medication cart located in the main medication room on second floor. The charge nurse possesses the key to this medication cart. When administering medication to a patient on the detox unit, the nurses will set-up the medications in the main medication room and carry the medications to the patient's room.
3. For the primary treatment unit patients, their medications are stored in the medication cart locked in the smaller medication rooms that are located on each treatment floor. The medication carts and medication rooms are locked at all times except when in use. The unlocked medication room and/or the unlocked medication cart are never left unattended. The nurse has the keys for these carts and medication rooms. At all times, only licensed nurses have possession of the medication keys.
4. For PTU, there are specific times the medications are administered on each floor. There are signs on each floor to communicate to the patients the times for the four main medication administration times. The medication pass is to be conducted in an organized, orderly manner. The patients are to line up in front of the area where medications are being administered to receive their medications, and only one patient is allowed at the door of medication room at a time. To assure the patient has properly taken his/her medication, the patient is to remain at the medication room until he/she has taken all the medications administered.
5. There are also four other "mini" medication pass times, for patients that have special requirements or orders regarding their medications, i.e. before meals.
6. It is the responsibility of any MCDC staff to assist the medication nurse in maintaining an organized medication pass, if such assistance is needed.
7. In the event a medication is contaminated, i.e. accidentally dropped or touched by the nurse, or a medication is refused by the patient and the medication is not in individually dosed packaging, the medication must be wasted. Proper procedure for the nurse to waste a medication is to dispose of the medication in a controlled waste container such as the sharps container or flush the medication down a toilet. If a medication is wasted for whatever reason, the name of the medication, the dose,

and the reason it was wasted must be clearly documented on the patient medication record. If the wasted medication is a prescription medication that was filled by MedManagement, the nurse must send written notification to the pharmacy of the wasted medication within 24 hours.

PROCEDURE FOR SENDING HOME MEDICATIONS WITH THE PATIENT:

1. For medications prescribed during their stay at MCDC, patients are sent home with a written prescription (30 day supply). A copy of all written prescriptions given to the patient at the time of discharge is placed in the patient chart. Routinely, MCDC does not send any medication home with the patient except samples when appropriate and available. There are limited exceptions. If a patient is on an antibiotic and MedManagement has dispensed a full course of the medication for a specific time, i.e. a 10-day supply, the entire prescription is sent home with the patient. If there are certain circumstances that a patient needs a 3-5 day supply of medication sent home, the nurse may order a home medication prescription to be sent home with the patient. Examples of when this might be necessary include if the patient cannot get to a pharmacy immediately due to the day he is discharged, if a patient has a seizure disorder or is a diabetic, if the patient is going to a group home that requires a starter supply of medication.
2. Prescription medications cannot be sent home with the patient unless the medication is in a properly labeled prescription, or the medication is a sample that has been properly labeled. Supplies of over the counter medications are not sent home with a patient.
3. Home Medication Instructions: If a patient has been receiving medication during their stay at MCDC the nurse must:
 - a. Complete the Home Medication Instruction Sheet with a list of the medications and instructions in lay terms on how to take the medications.
 - b. Review the form with the patient to make sure the patient understands the instructions on how to take the medication(s) and inform the patient to refer to his/her own physician for further review of the medication, possible refills and potential future adverse effects and/or drug interactions. The Home Medication Instruction sheet states on the form that the patient can call MedManagement following discharge if the patient has any questions or concerns about the medications(s). MedManagement's phone number is listed on the form.
 - c. Check the Home Medication Sheet to see if there were any medications placed in locked storage at the time of admission. If so, return stored medications to the patients.
 - d. Have the patient sign the form and the nurse giving the instruction also signs the form. A copy of the form is given to the patient and the original goes into the patient's chart.
4. Medications being sent home with a patient are not given to the patient until the actual time of discharge. Never are the medications given to the patient preparing for discharge while they still

Approved By: _____ 07-29-00
David J. Peshek, Administrator Date